

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| <b>Title of<br/>Invention</b>  | Method and device for fluid sampling |                 |  |                                      |             |                    |                  |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
|--|--------------------------------------|-----------------|--|--------------------------------------|-------------|--------------------|------------------|-----|------|---|---|------------------------|--|------|----|---|--|--|--|--|--------------------------------------|
| Application Number :<br>Date :<br>First Named Applicant: Mr. David Edward Srebro<br>Attorney Docket Number:  |                                      |                 |  |                                      |             |                    |                  |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| <b>TOTAL FEE AUTHORIZED \$ 385</b><br><br>Patent fees are subject to annual revisions on or about October 1st of each year.  |                                      |                 |  |                                      |             |                    |                  |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| Filing as small entity<br><br>BASIC FILING FEE   |                                      |                 |  |                                      |             |                    |                  |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>   |                                      | Fee Description | Fee Code                               | Amount \$                            | Fee Paid \$ | Utility Filing Fee | 2001             | 385 | 385  |   |   |                        | Subtotal For Basic Filing Fees: \$ 385 |      |    |   |  |  |  |  |                                      |
| Fee Description  | Fee Code                             | Amount \$       | Fee Paid \$                            |                                      |             |                    |                  |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| Utility Filing Fee   | 2001                                 | 385             | 385                                    |                                      |             |                    |                  |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
|  |                                      |                 | Subtotal For Basic Filing Fees: \$ 385 |                                      |             |                    |                  |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| EXTRA CLAIM FEES   |                                      |                 |  |                                      |             |                    |                  |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 9</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="4"></td><td>Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table> |                                      | Fee Description | Extra Claim                            | Fee Code                             | Amount \$   | Fee Paid \$        | Total Claims : 9 | 0   | 2202 | 9 | 0 | Independent Claims : 1 | 0                                      | 2201 | 43 | 0 |  |  |  |  | Subtotal For Extra Claims Fees: \$ 0 |
| Fee Description  | Extra Claim                          | Fee Code        | Amount \$                              | Fee Paid \$                          |             |                    |                  |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| Total Claims : 9   | 0                                    | 2202            | 9                                      | 0                                    |             |                    |                  |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| Independent Claims : 1   | 0                                    | 2201            | 43                                     | 0                                    |             |                    |                  |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
|  |                                      |                 |  | Subtotal For Extra Claims Fees: \$ 0 |             |                    |                  |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| <b>AUTHORIZED BILLING INFORMATION</b><br><b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b><br><br>Credit account number: 4720<br>Expiration Date (YYYYMMDD): 2006-04-30<br>Authorized name: David E. Srebro<br>Billing address: 60513  |                                      |                 |  |                                      |             |                    |                  |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |